

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/534552

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		1		/		
3		2		/		
4		2		/		
5		1		/		
6		1		/		
7		1		/		
8	/		/			
9		1		/		
10		1		/		
11		3		/		
12		3		/		
13		1		/		
14		1		/		
15		1		/		
16	/		/			
17		1		/		
18	/		/			
19		1		/		
20		2		/		
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TOTAL IND.	5	↓	5	↓		↓
TOTAL DEP.	25	←	24	←		←
TOTAL CLAIMS	30		29			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						